PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10627265

FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS // minus 20= * 7	TITY FEE
FOR NUMBER FILED NUMBER EXTRA TOTAL CHARGEABLE CLAIMS minus 20= *	FEE
TOTAL CHARGEABLE CLAIMS // minus 20= * 7	
INDEPENDENT CLAIMS minus 3 = MULTIPLE DEPENDENT CLAIM PRESENT If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II CCLAIMS (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY SMALL ENTITY OR X\$18= X\$42= OR X\$18= TOTAL TOTAL OTHER THE SMALL ENTITY OR SMALL EN	50.00
* If the difference in column 1 is less than zero, enter "0" in column 2 **CLAIMS AS AMENDED - PART II CCLAIMS (Column 1) CCLAIMS (Column 2) CCLAIMS (Column 2) CCLAIMS (Column 3)	
* If the difference in column 1 is less than zero, enter "0" in column 2 * CLAIMS AS AMENDED - PART II CCOlumn 1) CCOlumn 2) CCOlumn 3) CCOLUMN 1 CCOLUMN 1 CCOLUMN 2 CCOLUMN 2 CCOLUMN 3 CCOLUMN 4 CC	
* If the difference in column 1 is less than zero, enter "0" in column 2 CLAIMS AS AMENDED - PART II OTHER THE CLAIMS (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY	
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)-5(-0) (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY	
CLAIMS REMAINING AFTER AFTER AMENDMENT Total	
Total • \ Minus • \ OR \ X\$18=	DDI-
Total • \\ \(\omega \) Minus • \(\omega \) OR X\$18=	ONAL FEE
Independent +) Minus	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X84=	
TOTAL	
ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE	
CLAIMS HIGHEST ADDI-	201
REMAINING AFTER AFTER PREVIOUSLY PAID FOR RATE TIONAL RATE TIONAL PAID FOR	DDI- DNAL
Total • / Minus • XS 9= XS18=	EE
Independent • 2 Minus ••• 3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM X42= OR X84=	
+140+ OR +280=	ı
ADDIT FEE OR ADDIT FEE	·
(Column 1) (Column 2) (Column 3)	
REMAINING NUMBER PRESENT ADDI- A	-וסס
AMENDMENT PAID FOR PAID FOR)NAL EE
Total • Minus • X\$ 9= OB X\$18=	
Independent a Minus and Minus Ave The Transfer of Ave The Transfer	
THAS PRESENTATION OF MOLTIPLE DEPENDENT CLAIM	
• If the entry in column 1 is less than the entry in column 2, write "o" in column 3. **If the "Highest Number Previously Paid For IN THIS SPACE is less than the only in COLUMN 3.	
TOTAL OR ADDIT. FEE	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.	